

# Primary Service Coordination

908 KAR 2:140. Kentucky Early Intervention Program primary service coordination and Assistive technology.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions of Primary Service coordination as it relates to First Steps, Kentucky's Early Intervention Program.

## Introduction

**What is Service Coordination?** According to the definition in Public Law 99-457, Service Coordination means, “the activities carried out by a service coordinator to assist and enable a child eligible ...and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the early intervention program.”

Part C of Public Law 99-457 specifically lists seven activities for which the Service Coordinator is responsible:

- Coordinating the performance of evaluations and assessments;
- Facilitating and participating in the development, review, and evaluation of the Individual Family Service Plan (IFSP);
- Assisting families in identifying available service providers;
- Coordinating and monitoring the delivery of available services;
- Informing families of the availability of advocacy services;
- Coordinating with medical and health providers; and
- Facilitating the development of a transition plan to preschool services, if appropriate.

In Kentucky the roles of service coordination have been divided between the Point of Entry (POE) Initial Service Coordinator and the Primary Service Coordinator (PSC). The Point of Entry Initial Service Coordinator receives referrals, makes initial contacts with the family, gathers information, and ensures that evaluations and assessments are performed, and coordinates and facilitates the initial IFSP within the first 45 days of referral. During the initial IFSP meeting, a Primary Service Coordinator is officially named. The Primary Service Coordinator then assumes the roles and functions of service coordination for the child and family until the child exits the system.

The intent of service coordination is to ensure that families are supported with needed services as identified on the IFSP and that those services are coordinated across agencies. In the past, service coordination was known as case management and grew out of a medical model. Persons with disabilities or chronic illnesses received a diagnosis and corresponding plan for treatment or remediation developed by a team of professionals from a variety of disciplines. The Case Manager’s role was to coordinate the activities of the various professionals and programs and to ensure that the services in the plan were provided for the “client” (Edelman, Elsayed, & McGonigel, 1994, Overview of Family-Centered Service Coordination).

Currently, a new concept of service coordination is emerging. It combines the functions of a case manager with the philosophy of family-centered care. This means that Primary Service Coordinators should involve

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families in all aspects of decision-making and services for their child (Zipper, Hinton, Weil, & Rounds, 1993, Service Coordination for Early Intervention: Parents & Professionals). **Family members should be equal partners on their child's early intervention team. They should receive all available information and participate in all discussions and meetings pertaining to their child in order to make informed decisions.** The Primary Service Coordinator, as well as other team members, will need to be flexible and provide choices to the family, so that they may participate fully.

In addition, the Primary Service Coordinator must assist the other professionals in providing services that are collaborative and that meet the needs of the child and family. The Primary Service Coordinator is the child's and family's advocate for needed services and supports, but also should strive to assist the family in becoming their own advocate and their child's long-term advocate.

**Who can be a Service Coordinator?** The federal law requires that Service Coordinators have an understanding of:

- (a) Eligibility requirements for infants and toddlers,
- (b) Part C and its regulations, and
- (c) Early intervention services and related information in their state.

In addition, First Steps, Kentucky's Early Intervention System (KEIS), has made a commitment to young children and their families by ensuring that Primary Service Coordination will be performed by qualified professionals or paraprofessionals who adhere to a family-centered, collaborative philosophy. Persons applying to be Primary Service Coordinators must first meet the minimum highest entry-level requirements for professional or paraprofessional standards set forth in their particular discipline. In addition, each Initial or Primary Service Coordinator applicant will be required to complete the following training module. In order to receive the Initial or Primary Service Coordination interim certificate, *Orientation and day one through three of the Service Coordination/Individualized Family Service Plan Training (SC/IFSP)* must be completed. Then, the *SC/IFSP Training* follow-up day must be completed within six months of completing the first three days of the *SC/IFSP* training in order to receive permanent Initial or Primary Service Coordination status. First Steps Primary Service Coordinators will also be expected to stay abreast of current laws governing both the First Steps system and the various funding sources available to Kentucky's families. In addition, Primary Service Coordinators must participate in quarterly meetings held in or near their district.

Finally, First Steps Primary Service Coordinators shall limit their practice to service coordination only. Primary Service Coordinators who have a caseload in another program will be permitted to have up to the prorated equivalency of no more than a combined total of one hundred percent of a position's time, with forty children being a full caseload in First Steps services, and their equivalency to forty in another program. For example, a caseload of ten in First Steps would represent twenty-five percent of a position's time, leaving the equivalency of seventy-five percent available for another program. For those who are providing only Primary Service Coordination, the caseload can be forty, with a maximum of fifty if ten children are ninety days away from their third birthday, therefore exiting the program.

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## Section 1. Primary Service Coordination.

(1) The primary service coordinator shall coordinate and assist in child find efforts with the local POE through dissemination of materials.

*Best Practice Guideline: The PSC could disseminate information and materials about First Steps through professional newsletters, fact sheets, other public awareness activities, and formal/informal personal contact as requested by the local community.*

(2) The primary service coordinator shall make referrals to the POE within forty-eight (48) hours upon identification of a child that may be eligible for First Steps services. Referral shall be made after discussing the benefits of early intervention with the family and acquiring verbal permission to make the referral.

(3) If any materials are developed the primary service coordinator shall utilize the Image Consistency Kit developed by the Interagency Coordinating Council Public Awareness Committee for public awareness activities and materials.

(4) The primary service coordinator shall serve as the single point of contact in helping families obtain the services and assistance they need.

(5) The primary service coordinator shall have a caseload of:

(a) Up to forty (40); with a maximum of fifty (50) if ten (10) children are ninety (90) days away from their third birthday; if he is not providing any other First Steps services, or is not carrying a caseload in another program; or

(b) If he is providing a caseload in another program, up to the prorated equivalency of no more than a combined total of 100 percent of a position's time, with a forty (40) caseload being 100 percent in First Steps services, and the equivalent to forty (40) in another program. A caseload of ten (10) in First Steps would represent twenty-five (25) percent of a position's time, leaving the equivalency of seventy-five (75) percent available in another program.

(6) The primary service coordinator shall:

(a) Attend the First Steps Primary Service Coordination and IFSP training prior to facilitating, coordinating, or implementing any IFSP's, and attend communicating with families training within six (6) months of completing primary service coordination and IFSP training;

(b) Attend the initial IFSP meeting, if identified as primary service coordinator choice or if invited as a potential option for primary service coordinator, and help the POE facilitate that plan;

(c) Notify all the IFSP team members, in writing, of the upcoming annual IFSP or the six (6) month review date and location no less than thirty (30) calendar days prior to IFSP or review date;

(d) Provide notice to all the IFSP team members of any IFSP meeting requested to address revisions.

(e) In the event of cancellation, notification of the rescheduling of the IFSP meeting shall be sent to the IFSP members within five (5) working days of the cancelled meeting;

(f) Facilitate the annual IFSP, six (6) months reviews, and IFSP meetings requested to address revisions and document. This includes:

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1. Convene or consult team members for involvement in determination of need and rationale.
  2. Documenting outcomes that have been achieved, as well as, documenting those that have not been achieved;
  3. Assisting families in identifying new outcomes, the service providers, frequency and location of all services;
  4. Insure that outcomes are developed to relate to any changes and that appropriate documentation of the need for the changes occur.  
*Resource: State IFSP form and instructions.*
  5. Record rationale for amendment and child and family outcomes for amendments on the state IFSP form and secure signatures or verified approval from required members in order to verify authorization of the amendment. Amendments to the IFSP are not authorized unless the appropriate signatures or verified approval from the required members are documented on the IFSP form.  
*Resource: State IFSP form and instructions.*
  6. Resolving any conflicts during the IFSP or review by having the team come to consensus on any issue where differences occur.
  7. If consensus cannot be reached, the PSC is responsible for informing the IFSP team of the options and bringing resolution.
  8. Submit Summary Sheet to Central Billing and Information System (CBIS) within five (5) days of the approval of the revision.
- (g) Refer the family to appropriate agencies for services identified on the IFSP and coordinating those services;
- (h) Send copies of the initial and subsequent IFSP reviews to the other team members within ten (10) working days of the IFSP meeting;
- Best Practice Guideline: PSC should send a copy of the CBIS Billing Summary Sheet along with the IFSP to service providers within 10 working days of IFSP meeting.*
- (i) Send copies of the IFSP to those persons identified by the family as needing copies;
- Best Practice Guideline: The PSC should recommend to the family that a copy of the IFSP should be sent to the family's Primary Care Physician.*
- (j) Notify the CBIS of any changes in the child's or family status and new IFSP services with a summary sheet and update record in the POE within five (5) working days of changes on the IFSP;
- (k) Facilitate the development of a transition plan.
- (7) The primary service coordinator shall inform and assist the family of their rights and procedural safeguards by:
- (a) Summarizing the family rights handbook at every IFSP and at any time the family requests;
  - (b) Familiarizing the family with the procedural safeguards and due process rules, and ensuring that the family reviews and signs the statement of assurances found with the Family Rights Handbook at every IFSP review;

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(c) Ensuring that all materials are given to the family in a format they can understand in their native language; and

*Resources: For assistance with securing printed material in a format other than English, you may contact the First Steps Central Office.*

(d) Assisting the family, at their request, with resolving conflicts among service providers.

*Best Practice Guideline: The rights and procedural safeguards can be found in the Family Rights Handbook, KAR 908 2:170 and KAR 908 2:180. The PSC should explain the role of the Parent Consultant on the District TA Team to the family.*

(8) The primary service coordinator shall assist the family in identifying available service providers by:

(a) Keeping current on all available services in the district, including recent rules regarding funding sources;

(b) Having available to the families a list of all eligible First Steps service providers in each district. The family may choose a service outside the First Steps approved provider list, however, the primary service coordinator's responsibility to the family is to let them know that the provider is not approved through First Steps and may result in a cost to the family;

(c) Making the family aware of community activities that would benefit from their participation such as becoming a member of the District Early Intervention Committee;

(d) Assisting the POE in establishing new service providers by consistently educating the public on the benefits of early identification and intervention.

(9) The primary service coordinator shall ensure that service coordination is available to his families at all times and at the family's request.

(10) The primary service coordinator shall contact the child's family at a minimum of one (1) time a month to discuss service coordination needs, unless otherwise stipulated in the IFSP.

(11) The primary service coordinator shall give the family his address and phone number and any other information that may be helpful, in the event they would need to contact the primary service coordinator.

(12) The primary service coordinator shall identify to the family and to the POE a back-up service coordinator for the family to call in the event the primary service coordinator will be gone over ten (10) consecutive working days by:

(a) Choosing the back-up service coordinator from the pool of approved primary service coordinators in the district;

*Best Practice Guideline: The family should play a role in choosing a back-up service coordinator.*

(b) Sending to the family, in writing, within one (1) month of the initial IFSP meeting, the name of the back-up coordinator, their phone number, address and circumstances under which the family should call the back-up coordinator;

(c) Sending a copy of that correspondence to the POE for the records;

(d) Identifying the back-up coordinator in the IFSP;

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(e) Calling the family to institute the back-up when the primary service coordinator will be away more than ten (10) consecutive days, and securing their permission to share information;

(f) Notifying the back-up of the scheduled absence;

(g) Sharing only pertinent information for current issues with the back-up; and

(h) Notifying the family, POE, and CBIS, in writing, of any changes in the back-up with-in five (5) working days of the change.

(13) If the primary service coordinator can no longer serve in the role of primary service coordinator due to a resignation or unexpected reason the primary service coordinator shall:

(a) If there is at least one (1) week's time, notify, in writing, the POE in each district, the family, and service providers and facilitate the identification of a new primary service coordinator; or

*Best Practice Guideline: The PSC should send the newly appointed PSC a copy of the child's record, with parental permission. The PSC should also send the family, POE, and service providers, in writing, the name, address and phone number of the new Primary Service Coordinator and the date when the new Primary Service Coordinator will assume his/her duties.*

(b) If there is less than one (1) week's time, the primary service coordinator shall contact the POE in his district immediately. The POE shall contact the family to assist them in identifying a new primary service coordinator and facilitate the transfer of records. The new primary service coordinator shall notify the other service providers that he is the new primary service coordinator; or

(c) If the family desires a change in their primary service coordinator, they shall contact the POE and the POE shall seek to resolve the situation.

*Best Practice Guideline: The Technical Assistant Team Parent Consultant is also available to provide information and assistance in resolving conflicts.*

(14) The primary service coordinator shall facilitate the development of a transition plan by:

(a) Knowing the transition procedures as outlined in 908 KAR 2:130, Section 2(7)(j) and the Kentucky Transition Project publication "Step by Step: A Guide to Transition" and ensuring that all potential agencies and programs that could provide services to a particular child after the age of three (3) are included when introducing the parents to future program possibilities;

(b) Hold a transition conference at least ninety (90) days prior to the child's third birthday:

1. Involve the family, IFSP team, the Part B local school district representative; and staff from potential next placement options; and

2. Write a transition plan as a part of the IFSP that includes:

a. Description of types of information the family might need in relation to future placements;

b. Strategies and activities to be used to help prepare the child for changes in the service delivery;

c. Specific steps that will help the child adjust to and function in, the new setting;

d. How and when assistive technology equipment will be returned and how it will be replaced in the next setting if appropriate;

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e. Description of what information will be shared with the new setting, timelines to share the information and ways to secure the necessary releases to refer and transmit records to the next placement.

*Best Practice Guideline: Transition planning should be completed for all children whether or not they continue on into a public school setting.*

(15) The primary service coordinator shall send to the POE all completed IFSPs, changes, and updates, which include the transition plan, no later than five (5) working days after the meeting has been held.

(16) In the event there is no primary service coordinator, or the family refuses service coordination, the POE shall coordinate and facilitate the IFSPs.

(17) The primary service coordinator shall maintain the child's PSC record to ensure that changes are accurately documented. The minimum record to be maintained by the primary service coordinator shall include:

- (a) Initial referral information;
- (b) Developmental and social history;
- (c) All available evaluation reports;
- (d) All assessment reports;
- (e) All IFSP's;
- (f) All primary service coordinator notes;
- (g) All correspondence to the family and other service providers;
- (h) The transition plan; and
- (i) All billing information

*Best Practice Guideline: Other information that should be in the child's record maintained by the PSC includes: Medical Diagnosis, Releases of Information initiated by the PSC, Signed Statements of Assurance, Access to Review Record Forms, Six month Review Progress Reports, Discharge Summaries, and Due Process Requests and Decisions.*

(18) The primary service coordinator shall ensure that all contacts with the family or other service providers are documented in the child's record. This documentation shall include a note which consists of:

- (a) Child's name, CBIS ID number, and Social Security number;
- (b) The date of contact;
- (c) Amount of time spent;

*Best Practice Guideline: Beginning and ending times should be included in service notes.*

- (d) Reason for the contact;
- (e) Type of contact whether by telephone or face to face;

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- (f) Result of contact;
  - (g) Plan for further action; and
  - (h) Signature of person making contact.
- (19) Primary service coordinator notes shall also include all contacts attempted but not made, and reasons why services were not delivered in a timely manner.
- (20) The primary service coordinator shall encourage the family to access all services identified on the individualized family service plan.
- (21) If the family wants to voluntarily terminate a service or all services, the primary service coordinator shall:
- (a) Document in the record which services are ending and the date of termination;
  - (b) Send a follow-up letter to the family which includes when and what services are ending, within seven (7) working days after notice from the family of their choice to end services.
- (22) If the family is absent from a service with no prior notice for at least three (3) consecutive visits, the service provider shall notify the primary service coordinator within seven (7) working days after last absence. Then the primary service coordinator shall:
- (a) Document the service provider's contact and try to make contact to discuss the circumstances:
    - 1. If contact is made send a letter within seven (7) working days to the providers the result of the discussion; or
    - 2. If no contact is made, send the family a letter within seven (7) working days requesting direction as to the choice of the family in continuation of services and stating that the services will be discontinued until a choice is made by the family by contacting the PSC and stating that if no contact is made by the family, services will be terminated fifteen (15) working days from the date of the letter.
- Best Practice Guideline: To ensure delivery, the letter sent to the family should be a certified letter.*
- (b) Notify the service providers whose services are changing, in writing, when services are terminated and the date of termination.
- Best Practice Guideline: If the family is not responding to the PSC, but is attending all other services, the PSC should investigate what the families' PSC needs are. Suggested that the PSC either go with or call during one of the therapy visits to discuss PSC services since that seems to be a time when the family is available. If the family does not want anything other than occasional contact(not the regulated one time per month) and IFSP development, then the plan can be written as such. Perhaps the back up PSC or TA Parent Consultant can discuss with the family to ensure that they are not hesitating to ask for a new PSC as opposed to not wanting PSC services.*
- (23) The primary service coordinator shall be responsible for securing any release of information necessary to send or secure information from other service providers.
- (24) The primary service coordinator shall close the child's record and send a copy of the primary service coordinator record to the referring POE within:



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- (a) Three (3) months after the child's third birthday, unless they state in writing that the record remain with the primary service coordinator due to continued service coordination services by the primary service coordinator after the child reaches age three (3). A copy of the written request from the family shall be sent to the POE;
  - (b) One (1) month after the child's family terminates all services and the child is no longer receiving any First Steps services.
- (25) The primary service coordinator shall provide data to the cabinet upon request.
- (26) The primary service coordinator shall agree to have any or all records maintained by said primary service coordinator monitored by the cabinet, or their designee.
- (27) The primary service coordinator shall attend all required training prior to providing services.
- (28) Participate in required quarterly meetings, except when sick or other excused absence as approved by technical assistance team program consultant.
- (29) With the exception of a family receiving service coordination as of January 1, 1999, by a discipline who is also providing another service and there is one (1) year or less of eligibility for First Steps services remaining, the primary service coordinator shall limit practice in First Steps to service coordination only.